

Care service inspection report

Cargenholm Care Centre

Care Home Service Adults

New Abbey Road

Dumfries

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Telephone: 01387 250609

Type of inspection: Unannounced

Inspection completed on: 2 December 2014



HAPPY TO TRANSLATE

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Service provided by:

Canterbury Care Homes Limited

Service provider number:

SP2005007835

Care service number:

CS2005113821

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Environment	2	Weak
Quality of Staffing	2	Weak
Quality of Management and Leadership	2	Weak

What the service does well

The service had developed the care plans since the last inspection. Overall, these gave staff an overview of people's care needs and how they like them to be met.

The regional manager and newly appointed manager demonstrated a willingness to improve the service and address issues highlighted at this and previous inspections. This was demonstrated by the submission of an action plan to address the main issues highlighted during this inspection in advance of the publication of the draft inspection report.

What the service could do better

We identified a number of issues relating to poor hygiene and cleanliness. This included the kitchen, the general environment and residents bedroom areas. The provider must ensure that service users live in an environment which is clean, hygienic and free from offensive smells.

The provider must ensure that service users have access to hot water for bathing and hand washing in bedrooms with an en suite facility. In other areas the temperature of the hot water was too hot. This must be regulated and maintained with safe limits. For the comfort and dignity of the service users the planned refurbishment programme must be progressed as a matter of priority.

The provider must replace excessively worn bedding and discard all pillows that are unfit for purpose.

The provider should continue to actively recruit to fill vacant posts and cover staff absence. This relates to the deputy manager post, housekeeping, kitchen, activity, administration, laundry and maintenance departments.

Formal care reviews must be undertaken within the required 6 month time frame to offer service users and their relatives the opportunity to evaluate and inform their care arrangements.

The provider should ensure that nutritional screening tools are completed accurately. The quality of activities and records of activities should be improved. Service users should have more opportunities to get out.

The key worker system and care management arrangements require to be developed and consolidated, to provide holistic care to service users.

A more accountable and responsive management approach is needed. The management of people's medication must improve to ensure that medicines are given in accordance with the prescribers instruction.

The provider should consider how individuals' medication can be managed in a more person centred way.

There should be a more consistent approach to monitoring individuals' levels of hydration, which extends into the evening and through the night, where appropriate.

The service should improve the methods used to encourage the participation of service users with dementia and show how their views are sought and taken into account.

The service should promote the involvement of service users in staff recruitment and supervision.

The provider should demonstrate how the organisation's quality assurance processes influence practice and improve outcomes for service users.

What the service has done since the last inspection

The registration status had been changed from nursing to residential care. The service no longer provided nursing care. This was obtained via the NHS.

The provider had recruited a new manager in September 2014.

The new manager had recruited 6 care staff, an administration assistant and a head housekeeper who were awaiting appropriate recruitment checks.

Some redecoration work had been completed. This included the dining room and some corridor areas. The reception area had been improved.

Staff had worked hard to improve the level of detail in care plans.

A new pharmacy supplier was in place.

Staff had completed training in dignity and respect. The SSSC (Scottish Social Services Council) - Codes of Conduct had been given to staff.

Conclusion

We were disappointed to find in this inspection there were very poor levels of hygiene and cleanliness, particularly in service users' own private space. We have highlighted a number of areas of concerns around staff vacancies, staff practice and environmental issues, we have made a number of requirements and graded all quality themes as weak.

The providers philosophy states: "Canterbury Care offers clients the opportunity to enhance their quality of life, by providing a safe, manageable and comfortable environment, as well as support and stimulation, to help them to maximise their potential, with regard to their particular physical, emotional and social capacity". We recognise that there is a considerable level of commitment needed from the provider and management team to ensure that the deficits identified at this inspection are addressed and positive outcomes are achieved and the providers stated philosophy realised.

On discussing our findings with the providers representatives and the Local Authority contracting department all parties agreed that admissions would be strictly limited to one known respite service user per month for the next three months. This will be reevaluated according to the progress made by the management team in addressing the deficits identified during this inspection.

Through discussion and submission of an immediate action plan the management team conveyed an intention to make the required improvements.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

* A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Cargenholm is a care home registered to provide a care service to a maximum of 58 older people of whom 4 may be adults with a physical or sensory impairment. The provider is Canterbury Care Homes Limited. The home is situated in a rural location, close to Dumfries. Accommodation is over two floors, linked by a passenger lift and a wheelchair platform. Residents have access to an outside patio area and two enclosed garden areas at the side of the home.

The philosophy of the service states: "Canterbury Care offers clients the opportunity to enhance their quality of life, by providing a safe, manageable and comfortable environment, as well as support and stimulation, to help them to maximise their potential, with regard to their particular physical, emotional and social capacity".

At the time of our visit, there were 25 residents living in the home on a permanent and short-term basis.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - Grade 2 - Weak

Quality of Staffing - Grade 2 - Weak

Quality of Management and Leadership - Grade 2 - Weak

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report after an unannounced inspection visit on 1 & 2 December 2014. This included an evening visit on 1 December 2014. This inspection was carried out by 2 inspectors.

We discussed our findings with the manager and regional manager during the inspection and provided formal feedback to them on 2 December 2014.

This inspection took account of the action taken to meet the requirements and recommendations made in the last inspection report. Other issues identified during the inspection were also included in the relevant quality statements.

We used a Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for 2 people in the dining area. During the inspection we gathered evidence from various sources including:

- * action plan for the previous inspection
- * assessments and personal plans of people who use the service
- * records of care given/care charts
- * social activity records
- * care reviews
- * duty rota
- * note of residents meetings
- * note of staff meeting
- * staff training and supervision records
- * maintenance records/checks
- * notifications to the Care Inspectorate
- * medication records, systems, storage arrangements
- * observation of general environment (ground floor only)
- * observation of kitchen
- * observation of interactions with service users
- * discussions with various people including; people who use the service, visiting relatives and staff.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The service provider must ensure that they make proper provision for the health, welfare and safety of service users. In order to do this they must ensure that all care plan documentation, including risk assessments, are reviewed when there is a significant change in residents health, welfare or safety needs. They should prioritise their view and update of care planning documentation and risk assessments as discussed in this report.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a); Welfare of service users and 5 (2) (b) (i) (ii) (iii); Personal Plans.

Timescale: one week from receipt of this report.

What the service did to meet the requirement

Please see statement 1.3.

The requirement is: Met - Within Timescales

The requirement

The service provider must ensure that they make proper provision for the health, welfare and safety of service users and provide services in a manner which respects the privacy and dignity of service users. They should encourage staff to translate residents' individual preferences into practice, on a daily basis, by helping them make the most of every moment and enhance their quality of life in simple but very meaningful ways.

The service provider should also consider how the key worker role can be developed to ensure that 121 support is taking place not only during the delivery of physical care, but also includes social and emotional wellbeing.

This is in order to comply with SSI 2011.NO 210, Welfare of users 4. - (1) (a) (b)

National Care Standards, Care Homes for Older People

Standard 6: Support arrangements

Standard 17: Daily life

We signposted the service manager to the following guidance:

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=8195&Itemid=766

What the service did to meet the requirement

Please see statement 1.3

The requirement is: Not Met

The requirement

The service provider must ensure that each service user has an accurate, up to date personal plan, which sets out how the service user's health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed (i) when requested to do so by the service user or their representative or (ii) when there is a significant change in a service user's health, welfare or safety needs and (iii) at least once in every six month period whilst the service user is in receipt of the service.

They must prioritise the review and update of care planning documentation and risk assessments as discussed in this report including:

- * Individual risk assessments
- * Individual medication
- * Food and fluid and nutrition
- * Pressure area care

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210). Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

National Care Standards, Care Homes for Older People,
Standard 5: Management and staffing arrangements
Standard 14: Keeping well.

Timescale: 8 weeks from receipt of this report.

We signposted the manager to the following guidance to be included in this:

Details for Guidance about medication, personal plans, review, monitoring and record keeping in residential care. Publication Code: HCR-0712-070.

http://www.scswis.com/index.php?option=com_docman&task=cat_view&gid=330&Itemid=100181&limitstart=0

http://www.scswis.com/index.php?option=com_docman&task=cat_view&gid=333&Itemid=100181&limitstart=0

Timescale: within six months of receipt of this report

The Service Provider must provide the Care Inspectorate with documentary evidence every two months, detailing progress made to date.

What the service did to meet the requirement

Please see statement 1.3. Aspects of this requirement remain outstanding in relation to accuracy of specific risk assessments.

The requirement is: Not Met

The requirement

The service provider must undertake a review of the current decoration, soft furnishing and facilities in the home, to ensure that these are at an acceptable standard for resident use. Once the review has been completed introduce a refurbishment programme to bring the home up to a good standard.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210). Regulation 10 (2)(c) (d) Fitness of premises.

National Care Standards - Care Homes for Older People - Standard 4: Your Environment

Timescale for implementation: 7 days from the date of this report.

What the service did to meet the requirement

Please see statement 2.2 and 2.3. Although the terms of this requirement are technically met an associated requirement has been made about the need to progress environmental improvements.

The requirement is: Met - Within Timescales

The requirement

The service provider must ensure that all hot water in residents' areas of the care home, does not exceed 43°C and where it does, ensure without delay it is at or below 43°C.

This is in order to comply with SSI 2011/210 Regulation 14 (b) -Facilities in care homes and SSI 2011/210 Regulation 10 - (1)(2)(c) Fitness of premises.

National Care Standard Care Homes for Older People Standard 4: Your environment.

Timescale for implementation: 7 days from the date of this report.

What the service did to meet the requirement

Please see statement 2.2. for details ongoing issues with the hot water.

The requirement is: Not Met

The requirement

The service provider must ensure that all staff employed within the service promote dignity and respect and behave in a professional manner towards residents at all times, and, in particular when carrying out assistance during meal times. They should ensure that all staff are aware of their professional codes of practice, which are intended to recognise and reflect existing good practice in all staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users- a requirement that a provider must make proper provision for the health and welfare of service users and Regulation 15 (a) Staffing- a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

We signposted the service manager to: www.sssc.uk.com,

http://www.careinspectorate.com/index.php?option=com_content&view=article&id=8195&Itemid=766

<http://www.scotland.gov.uk/Publications/2011/05/31085332/0>

Timescale for implementation: Within two weeks of receipt of this report.

What the service did to meet the requirement

Please see statement 1.3. Aspects of this requirement were met, others remain outstanding.

The requirement is: Not Met

The requirement

The Service Provider must ensure that suitable qualified staff are available at all times to attend to the support and care needs of individual service users. In order to ensure this, the service provider must review the current staffing in the home to ensure it is meeting the needs of the residents and contact the Care Inspectorate to revise the current staffing schedule for the care home.

This is in order to comply with SSI 2011/210 Regulation 15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the numbers and needs of service users (a) ensure that at all times suitably qualified and competent persons are working in the care service in such

numbers as are appropriate for the health, welfare and safety of service user;

Timescale for implementation: Within 6 weeks of receipt of this report.

What the service did to meet the requirement

Please see statement 3.3 for comment about staff vacancies, deployment and practice issues.

The requirement is: Not Met

The requirement

The service provider must demonstrate a commitment to ensuring service users experience good quality support and care by management and staff, whose professional training, expertise and remit, allows them to meet their needs. In order to achieve this, they must review the management structure within the home and consider the roles and responsibilities of the service manager and senior care staff within this.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users- a requirement that a provider must make proper provision for the health and welfare of service users.

Regulation 15 (a) Staffing- a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

Timescale for implementation: within 6 weeks of receipt of this report.

What the service did to meet the requirement

Please see statement 4.4

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection

We have made reference to the outstanding recommendations, action taken and indicated if they are met or not met within the appropriate statements of this report.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a completed self-assessment document from the provider on 25.3.2014. It is our view that this self assessment is not reflective of current performance within the care service and would benefit from being updated.

Taking the views of people using the care service into account

We spoke with 5 service users. Two ladies we spoke with were in the lounge area. They were watching TV and about to have their supper before retiring to bed. They said there was no rush to get to bed and they liked to go to bed later on. They told us that the staff in Cargenholm were good to them. One lady said that she had got a new remote-controlled bed and was still getting used to it. They enquired if we liked the christmas decorations that they helped staff put up earlier in the day. One of the ladies was particularly complimentary about the cook.

Another two service users we met said that they were very happy with their care. One person said that the staff were ok, " the girls were all good" except one person from the agency. The service user told us that they had " put her right". We heard that the food was good and that they were feeding them well.

We heard from a resident that hot water could not be obtained until lunchtime and that they were unhappy with their pillows. They commented that they had been informed about planned improvements but had only seen improvement in the dining room, which had been in very poor condition.

Taking carers' views into account

We spoke with 3 relatives/friends during the inspection of Cargenholm.

Overall, positive comments were made.

One relative commented to us that they found their family member to be well cared for, they described their room as comfortable and always spotless. We heard that their relative had a limited appetite but during visits they noticed that there was always home baking available.

Another relative we met confirmed that they were generally happy with their family members care. We heard that their relative kept in fairly good health and had a good appetite. They thought that there needed to be more checks in place to monitor what

the care workers were doing. They noted that there was little management presence and felt that standards could not be monitored from an office. They also said that more housekeeping staff were needed and described an occasion recently when food was observed on their relatives carpet and not cleaned up until two days later. Generally they thought the staff were OK and kept them informed about any changes in their relatives wellbeing.

We spoke to an individual who visited a number of people every week. They made positive comments about their observations in the care home. They confirmed that they believed their friend was happy.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

At the last inspection the service received a grade of 3 - Adequate for this Quality Statement. During this inspection, this grade was maintained.

Relatives communication records, within care plan folders, referred to telephone calls and discussions with relatives about changes in residents care needs. We saw that some service users and where appropriate their relatives had signed their care plans indicating that they had been involved in the care planning process.

Since the last inspection, two meetings had taken place. One was an introductory meeting when the new manager started. The other gave service users and relatives the opportunity to hear about planned environmental improvements, staff recruitment and the change from nursing to residential care.

The manager had recently completed one to one consultations with 6 service users. Their preferences regarding activities and menu choices were sought. This is good practice and should be extended and repeated. Comments from residents should be used to inform how the care home is run.

We noted a newsletter dated May 2014. This is a good method of keeping service users, relatives and other stakeholders informed about changes and developments in the care service. It is expected that this will be reinstated when the vacant administration post is filled.

Areas for improvement

Reviews are a key element of involving service users and or relatives in decisions about their care and support. In the care files we sampled we found many gaps in reviews. They were not being carried out in accordance with the required 6 monthly timeframe. There was a review schedule in place to facilitate the planning of reviews. This was incomplete and reviews were not being scheduled (See requirement 1). At the last inspection we made a requirement:

The service provider must ensure that they make proper provision for the health, welfare and safety of service users and provide services in a manner which respects the privacy and dignity of service users. They should encourage staff to translate residents' individual preferences into practice, on a daily basis, by helping them make the most of every moment and enhance their quality of life in simple but very meaningful ways.

The service provider should also consider how the key worker role can be developed to ensure that one to one support is taking place not only during the delivery of physical care, but also includes social and emotional wellbeing.

This is in order to comply with SSI 2011.NO 210, Welfare of users 4. - (1) (a) (b)

**National Care Standards, Care Homes for Older People
Standard 6: Support arrangements
Standard 17: Daily life**

This remains unmet (See requirement 2).

At the last inspection practice issues were raised during the meal service. We acknowledge that overall, the meal service we observed highlighted no concerns. However, we made other observations that have led us to repeat this requirement.

We noted that staff had completed training in dignity and respect.

We found that the standard of cleanliness and odour of the care home environment did not promote dignity. We found that individuals bedrooms were poorly presented, some were untidy, personal clothing was observed strewn over the floor of one persons bedroom, beds were unmade etc. We found an individuals wet clothing on top of a bin in a communal toilet. We found used bed linen thrown on the floor of a communal bathroom. We have made further comment about the care home environment in Theme 2 of this report as this deals specifically with environmental matters.

We observed a confused service user, on two occasions, enter a public area in a state of undress. We suggested that the care service consider interventions to alert staff when the service user left their bedroom so that they could offer appropriate support and preserve this individual's dignity. The manager was receptive to this suggestion.

We observed some pleasant and friendly interactions. We did not overhear any inappropriate tone or content to conversations between staff and residents. However, interactions were largely focused on care tasks. We used a SOFI - (Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for 2 people). Once again, we found a particular individual who was speaking, singing and calling, at times in an agitated fashion. Throughout the afternoon we observed the service user becoming increasingly anxious and noisy. Staff appeared to have become desensitized to this and did not respond or interact at all with the individual. We would expect to see structured input from staff to help alleviate the individual's distress. Other service users responded negatively becoming more agitated in their response to this particular individual. We have made a related requirement in statement 3.3 which deals with staff practice.

Recreational activities, socialisation and involvement in the local community are known to contribute to overall wellbeing. We heard about a recent trip to see the Christmas lights. This was enjoyed by service users. The service did not have an activity co-ordinator. During our visit, we found little evidence of activities taking place. The service must develop activities which relate to service users' preferences and interests and may find the following resources/best practice guidance helpful:

Standards of Care for Dementia in Scotland (The Scottish Government - 2011)
available at www.scotland.gov.uk

Make Every Moment Count: A guide for everyday living. Care Inspectorate 2013 'Living well Through Activity in Care Homes', College of Occupational Therapists (2013). These resources contain practical ideas of how to support care home residents to live their lives doing the day-to-day activities that are important to them and promote the health and wellbeing of people.

The provider, manager and all staff need to develop the activity provision and keyworker role to promote positive stimulation and the physical and mental health and wellbeing of service users. The care home manager had recruited a team of care staff who were awaiting appropriate recruitment checks. It is anticipated that when they have completed induction training and are established in the staff team that the key worker system may function more effectively.

This requirement is repeated.

We made a recommendation at the last inspection:

The service manager should consider the various ways in which she can encourage residents and relatives to express their views on any aspects of the care home at any time. She should consider how residents and relatives can be encouraged to formulate a plan together and move to decide how suggestions will be addressed.

National Care Standards, Care Homes for Older People

Standard 7: making choices

Standard 9: Expressing your views

As mentioned the service manager had hosted an introductory meeting. This gave relatives the opportunity to discuss aspects of the service that were concerning them. It is important that ongoing contact is maintained with relatives to discuss the care homes action plan and ensure that any issues raised are followed up to the ongoing satisfaction of service users and relatives.

The manager felt that relatives were in regular contact with staff during visits or via telephone calls to enquire after the welfare of their family members.

We suggested that service users should be involved in the self-evaluation of the service that we ask them to complete. This is useful in gathering information about where service users and relatives think that the service is performing well and areas where improvements could be made.

Cargenholm provides care to many people who have a diagnosis of dementia. It is important that the service develop the participation of people with dementia and other communication difficulties to express their wishes and preferences about the quality of care they receive and where possible all other aspects of the service such as the environment, staffing and management.

This recommendation is repeated (See recommendation 1).

The provider had a complaints procedure. Complaints were logged and brief details of the outcome recorded. We noted that 5 complaints had been made to the service relating to basic care practices. Despite this the regional manager was confident that care practices had improved since the last inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The provider must ensure that review meetings must take place at least once in every six month period.

This is in order to comply with:

SSI 2011/2010 Regulation 5 (2)(b)(iii) Personal plans - a requirement to review the personal plan at least once in every six month period whilst the service user is in receipt of the service.

Timescale for compliance: all outstanding reviews must be completed by 28 February 2015.

2. The service provider must ensure that they make proper provision for the health, welfare and safety of service users and provide services in a manner which respects the privacy and dignity of service users. They should encourage staff to translate residents' individual preferences into practice, on a daily basis, by helping them make the most of every moment and enhance their quality of life in simple but very meaningful ways.

The service provider should also consider how the key worker role can be developed to ensure that one to one support is taking place not only during the delivery of physical care, but also includes social and emotional wellbeing.

This is in order to comply with SSI 2011.NO 210, Welfare of users 4. - (1) (a) (b)

National Care Standards, Care Homes for Older People
Standard 6: Support arrangements
Standard 17: Daily life

Timescale for compliance: with immediate effect and be achieved by 23 March 2015.

Recommendations

1. The service manager should consider the various ways in which she can encourage residents and relatives to express their views on any aspects of the care home at any time. She should consider how residents and relatives can be encouraged to formulate a plan together and move to decide how suggestions will be addressed.

National Care Standards, Care Homes for Older People
Standard 7: making choices
Standard 9: Expressing your views

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

At the last two inspections the service received a grade of 2 - Weak for this Quality statement. This grade remains Grade 2 - Weak.

At the last inspection we made a requirement:

The service provider must ensure that each service user has an accurate, up to date personal plan, which sets out how the service user's health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed (i) when requested to do so by the service user or their representative or (ii) when there is a significant change in a service user's health, welfare or safety needs and (iii) at least once in every six month period whilst the service user is in receipt of the service.

They must prioritise the review and update of care planning documentation and risk assessments as discussed in this report including:

- * Individual risk assessments
- * Individual medication
- * Food and fluid and nutrition
- * Pressure area care

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210). Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

National Care Standards, Care Homes for Older People,
Standard 5: Management and staffing arrangements
Standard 14: Keeping well.

Timescale: 8 weeks from receipt of this report.

We found that a significant amount of time had been invested into care plans. This was confirmed by the managers. Overall, care plans gave good direction on people's needs and how they like them to be met.

We found that service users had been referred to a range of health professionals. This included the GP, district nurse, podiatrist, physiotherapist etc. Appropriate certificates of incapacity were in place for people who were unable to give informed consent about their care arrangements. Some corresponding treatment plans were outstanding, the manager planned to speak with the GP about this.

Care files contained individual risk assessments, daily notes about people's wellbeing and presentation and printed information about specific health conditions.

We noted "This is me" health passports, these were to be taken to hospital to inform staff about service users needs. As an area of development these require to be reviewed on a regular basis to ensure that information remained applicable to the individual and accurately reflected their needs and preferences.

Overall, this requirement is met. See areas of improvement below for further comment on deficits we found in care records and aspects of the requirement we have repeated.

At the last inspection we made a recommendation:

The service manager should review the common practice of residents sitting in other residents' wheelchairs and for prolonged times during mealtimes.

National Care Standards, Care Homes for Older People

Standard 4: Your environment

Standard 5: Management and staffing

Standard 6: Support arrangements

Standard 9: Feeling safe and secure

Standard 13: Eating well

During the course of this inspection, we did not observe this practice. This is met. We spoke with the cook who confirmed knowledge of fortifying meals with energy dense products such as butter and cream where needed to prevent unplanned weight loss. One service user we spoke to told us that the cook had asked them what foods they liked. They complimented his cooking.

Areas for improvement

We looked at how medication was managed, we sampled stock and some medication administration records. We found that stock was available, however, a stock reconciliation highlighted discrepancies. This indicated a small number of occasions where service users may not have received their medication as prescribed. We found that improvements needed to be made in managing topical applications. We observed a number of creams and lotions within bathrooms but there were very few topical administration records. The topical administration records we sampled lacked direction for staff about the frequency of application. This should be improved (See requirement 1).

We observed a prescribed food supplement drink in a persons bedroom. This appeared to have been there for some time as a film had formed on the surface of the drink. On the second day of the inspection, we observed another supplement

drink left in the bedroom. Food and fluid charts did not indicate that these had been taken. (See requirement 1).

During this inspection, process we observed how service users were given their medication and the medication routines followed in the service. We noted that medication was administered in accordance with the routine of the service and not in a person centred way, based on the service users' routines and preferences. We noted at night the 'medication round' commenced at 10pm, we observed two service users asleep in the dining room, one with their head on the table. It was our view that they may have benefited from having their medicine and being supported to bed earlier. Administering medication in a person centred way, requires a complete change of approach and practice by staff. Service users' dosage times need to be considered alongside what is known about individuals' routines. Staff may need to discuss specific issues with individuals' GPs in order to consider how a more person centred approach to medication management can be safely adopted (See recommendation 1).

We looked at food and fluid charts, positional changes and charts used to record identified individuals whereabouts at stated intervals. Overall, we found that they were poorly completed. This was in keeping with the findings of the last inspection. For example, an individual was to be given fluids every hour however, only a few entries were made. This made it very difficult to ascertain what residents had been offered to eat and drink, how much they had actually taken and the frequency that they had been repositioned and how this was impacting on their skin integrity (See requirement 2).

Each service user had a nutritional risk assessment completed monthly (MUST tool used). These were being completed incorrectly. We demonstrated how to complete this tool properly and directed staff to guidance on completing the assessments. Staff were not taking into account unplanned weight loss when completing assessments, only the BMI (body mass index was being used). We found an occasion where a service user had lost a significant amount of weight (around 10Kg) and records were unclear about whether a referral to the dietician had been made. We noted a GP referral had been made. We asked staff to follow this matter up as a matter of urgency (See requirement 3).

We noted that where care plans identified the need for weekly weights. These were not consistently being carried out. We acknowledge that on occasions service users may choose not to be weighed. However, it is good practice, and our expectation that staff would try again at an alternative time (See requirement 3).

One individuals care plan said that they were to have weekly recordings of their blood pressure and pulse. This was not being completed. There was no recorded explanation for this omission (See requirement 3).

We noted a higher than usual number of padded "crash mats" in use. We heard that they were to reduce injury if an individual fell out of bed. We asked the manager to look into their use and revisit the risk assessments in place, seek advice from the falls prevention coordinator and consider any alternative methods such as alarm mats or laser sensors to alert staff to people moving out of bed (See recommendation 1).

We observed an individual, late in the morning, in bed unattended in terms of their morning personal care routine. We noted a strong odour of urine, daily notes did not indicate that personal care had been given overnight. We recognise that service users may not wish to be disturbed overnight, however, if this is the case then as an area of development, the morning routine should take account of the last time that personal care was given. This would be good skin care practice and promote dignity.

At the time of this inspection, there was little evidence that activities and outings had improved outcomes for people living Cargenholm. The manager discussed that social activities were taking place however, acknowledged that record keeping needed to improve. Records we looked at made little reference to activities/socialisation. However, one resident told us that they enjoyed putting up Christmas decorations, we also heard about a recent trip out. This needs to be further developed. We would like to see the care plan process completed and fully utilised along with a structured personalised activities plan for residents living in both units within the home. The service had a vacancy for an activity co-ordinator. Attempts to recruit had been unsuccessful. The provider planned to continue to recruit. In the meantime, we suggested that care staff be allocated time and this responsibility in order to offer service users increased recreational opportunities. We have repeated a related requirement within statement 1.1 of this report.

We visited in the evening we found an electric pressure relieving mattress was alarming constantly. We were concerned about this and alerted staff. We were assured that they would remove the mattress and use an alternative foam mattress if they could not resolve the matter. The next morning we found that the mattress was still alarming. We were unclear if the pressure relieving function was operating. We were very concerned to see a duvet had been used to encase the electric component of the bed to reduce the volume of the alarm. This is unacceptable and an associated requirement made in 2.2.

We found unacceptable hygiene and cleanliness standards. Further reference is made to these in Quality Theme 2 Statement 2 of this report, which is specific to the care home environment. This issue had a potential impact on service users' health and welfare in relation to infection control and has impacted on the grade awarded for this statement.

We found the standard of cleanliness in the kitchen to be poor. We contacted environmental health who visited the service as a result. They issued the care home with a number of action points. We acknowledge that the regional manager arranged

for a deep clean of the kitchen on 3 December 2014 in response to our comments. It is our view that food hygiene standards should be appropriately monitored and maintained without the intervention of inspectors. We have made a requirement about this in statement 2.2 that relates more directly to the environment, however, due to the impact on infection control this matter is of relevance in measuring how the service contributed to health and wellbeing

We also found that the availability of hot water was variable throughout the building. Some rooms and the assisted bathroom had no hot water. Staff told us that they had to get hot water from other areas of the care home. We acknowledge that the provider had arranged for a plumber to attend the care home on the second day of the inspection. However, again it is our firm view that these matters should be monitored and managed appropriately without the intervention of the inspectors. We have also made a requirement about this in statement 2.2. This matter is also of relevance in measuring how the service contributed to health and wellbeing due to the potential impact on infection control, comfort and convenience for service users.

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 2

Requirements

1. The service should operate a medication recording system in accordance with recommended best practice. To do this the service should adhere to the following:

Prescribed medication must be administered in line with the prescriber's instructions

Maintain accurate records of all medications received, administered and returned to pharmacy.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) Welfare of users and SSI 2011/201 and SSI 2002/114 Regulation 19(30)(j) - a requirement to keep a record of medications kept on the premises for residents. The following National Care Standards have been taken into account in making this requirement. NCS, Care Homes for Older People 5.12, 15.6 and 15.9.

Timescale: to begin immediately on receipt of this report and ongoing.

2. Charts and records used to record people's fluid, nutritional intake, positional changes or their whereabouts in the care home must be accurately completed to evidence the extent of the care and support delivered.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) Welfare of users and SSI 2011 /201 Regulation 5(1) and (2) Personal plans.

Timescale: to begin immediately on receipt of this report and ongoing.

3. The service provider must implement a planned and consistent approach to nutritional assessment and management of unplanned weight loss. In order to achieve this they must:

- * Implement the policies to ensure that they reflect best practice in relation to a planned and consistent approach to care;
- * Ensure staff are conversant with the policies;
- * Ensure that risk assessment for nutrition is carried out accurately

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations (SSI 2011/210). regulations 4 (1) (a) - Welfare of Users, 5(1) - personal plans and 15(b) (i - staffing).

Timescale: to commence within 24 hours and be completed by 28 February 2015.

Recommendations

1. The provider should review the risk assessments in place for the use of "crash mats" and take advice from appropriate health to ensure that they remain the most appropriate risk reduction measure. NCS 5 Care Homes for Older People - Management and Staffing Arrangements. NCS 14 Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.
2. The provider should improve the range of activities available to service users and evidence how these activities are linked to individuals' interest and preferences. Service users should have more opportunities to get out. National Care Standards, Care Homes for Older People. Standard 17 - Daily Life

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

At the last inspection the grade awarded was grade 3. This grade remains.

Please see Quality Theme 1.1 for related strengths.

Areas for improvement

The areas for improvements recorded under Quality Theme 1.1 also apply to this statement.

The provider had an environmental improvement plan. Service users and relatives should be consulted about this. Their comments should influence the environmental changes planned.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

At the last inspection, the service received a grade of 3 - Adequate for this Quality statement. At this inspection, there were some areas of strength, however, there were significant weaknesses that have resulted in the failure to achieve an adequate grade. During this inspection, the grade awarded is 2 - Weak.

We did not examine this statement in full. We looked at progress made to comply with recommendations and requirements made at the last inspection. Other issues that came to our attention have been included.

The service had a secure entry system where staff allowed visitors to gain access and requested them to sign in.

Some bedroom doors were locked in accordance with the wishes of service users.

The service had a care call system.

We found that the provider had produced a refurbishment programme in accordance with a requirement made at the last inspection. We saw that the dining room had been floored and redecorated. It was clean and fresh. Some of the corridor areas had been repainted and a few bedroom carpets had been replaced. The reception area had also been improved. We did not look upstairs as all of the bedrooms were unoccupied and this floor was not being used by service users.

We made 3 recommendations at the last inspection:

The service manager should ensure that all COSHH risk assessments and specification sheets are up to date and brought to the attention of all staff with regard to the different detergents and washing products for the laundry.

National Care Standards, Care Homes for Older People

Standard 4: Your environment

Standard 5: Management and staffing arrangements

This was met.

The service provider should ensure the three manhole covers in the grass area at the back of the home are replaced with British Standard manhole covers without delay.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

This was met

The service manager should ensure that all residents have easy reach access to the care call system. She should ensure that all individual arrangements are in place for all residents as part of the care planning process and clearly discuss and record how they can call for assistance at any time.

National Care Standards, Care Homes for Older People

Standard 1: Informing and deciding

Standard 3: Your legal rights

Standard 4: Your environment

Standard 9: Feeling safe and secure

We found that care plans had made reference to people's ability to use the care call system. We did not find any occasion where pull cords were out with people's reach other than in public areas where there was a staff presence. We were satisfied that this recommendation was met.

Areas for improvement

At the last inspection we made a requirement:

The service provider must undertake a review of the current decoration, soft furnishing and facilities in the home, to ensure that these are at an acceptable standard for resident use. Once the review has been completed introduce a refurbishment programme to bring the home up to a good standard.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210). Regulation 10 (2)(c) (d) Fitness of premises.

National Care Standards - Care Homes for Older People - Standard 4: Your Environment

Timescale for implementation: 7 days from the date of this report.

We acknowledge some of the improvements made listed within the areas of strengths above. However, it was agreed that there remained a significant amount of work to be undertaken. The environment overall was tired, furnishings and floor coverings were worn and in need of replacement. Paint work was badly chipped and unsightly. Some matters identified at the last inspection including some dusty extractor fans, damaged paint work and damaged enamel on the bath remained outstanding. Progress with the refurbishment plan had been delayed and general maintenance hampered by the absence of the maintenance man. The provider had arranged for cover from another service however the volume of work required demanded a full-time member of maintenance staff. The regional manager gave assurances that this would be addressed. Technically this requirement is met. However, ongoing progression of the refurbishment plan is required (See requirement 1). We will continue to monitor progress via a weekly service improvement plan.

The service provider must ensure that all hot water in residents' areas of the care home, does not exceed 43°C and where it does, ensure without delay it is at or below 43°C.

This is in order to comply with SSI 2011/210 Regulation 14 (b) facilities in care homes and SSI 2011/210 Regulation 10 - (1)(2)(c) Fitness of premises.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

Timescale for implementation: 7 days from the date of this report.

We found that this was not met. We heard that thermostatic valves had been checked and remedial work completed. However, the temperature of the water throughout the care home remained variable. Some rooms, including the assisted bathroom, had no hot water. There were other areas where the water was too hot. We understand that this is an ongoing issue. This matter requires to be resolved in full to ensure that hot water is available consistently throughout the care home. We expressed our concern to the regional manager about the lack of urgency in responding to this issue. This requirement is repeated (See requirement 2).

We looked at the in-house maintenance checks of the hot water temperatures. We found that these were not being carried out in accordance with the frequency stated within the providers policy and procedures. For example monthly checks on wash and basins were last completed in August 2014 (See requirement 2).

We have made reference to an electric pressure relieving mattress that was alarming indicating a malfunction. This had potential implications for the individuals pressure relief. To reduce the volume of the alarm staff had wrapped a duvet around the control box of the mattress. We were concerned that this created the potential for the electrical mechanism to overheat and ignite (See requirement 3).

We found the level of cleanliness in the kitchen to be unacceptable we contacted environmental health who have a responsibility to monitor food hygiene standards. They attended the service. When we returned that night we found the kitchen remained in an unacceptable condition. There was uncovered food from lunchtime and tea time left out on the work surface. The standard of cleanliness was concerning. Staff we spoke to said that the kitchen was regularly left in this condition. There were staffing shortages in the kitchen which made it difficult to maintain adequate standards of cleanliness. The regional manager agreed with our comments and arranged for a deep clean of the kitchen area. We noted that the kitchen door was open and the screen damaged. This is poor practice and the damaged door screen should be repaired/ replaced (See requirement 4).

We found the level of cleanliness in people's bedrooms to be poor. Some bedrooms and the assisted shower room were malodorous. We heard that there were vacancies for cleaning hours and a head housekeeper was about to be appointed. During the weekend before our visit there had been only one member of cleaning staff on each day. This contributed to the poor presentation of the care home environment (See requirement 4).

We found some examples of poor infection control practice that must be improved. We were escorted around the care home with the manager and acting deputy manager. We found commode lids in inappropriate places in bedrooms, furniture and other items such as bed rail bumpers and a bed table stored in en suite toilets.

Personal clothing was discarded across the floor, used bedding was discarded on the floor of a shared bathroom. We asked that a dirty shower curtain, in a communal shower room, be cleaned. Laundry and soiled continence pads were disposed of in bins stored in communal bathrooms. We noted that someone had placed a note to request that due to the smell this was not to be stored in the corridor. We have made a related requirement in statement 3.3 that related to poor practices.

The provider must ensure that the standard of hygiene and cleanliness are improved and the improved standards maintained. The Care Inspectorate will carry out unannounced monitoring visits from the date of publication of this report and next inspection to ensure standards are improved and maintained.

The management agreed that standards needed to improve and assured us of improved monitoring of this issue. (See requirement 4).

At the last inspection, we made the following recommendations:

The service provider should ensure that with regard to the paved areas around the home, the paving is level, to prevent residents from tripping, whilst using these areas.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

We heard that external works were to be completed in the spring when the weather improved. This recommendation is repeated. We will follow this up at the next inspection of the service (See recommendation 1).

We observed fire escape routes. They were slippery due to a build up of moss and wet leaves. The provider should arrange for these to be cleared. We also noted that a hoist was obstructing a fire escape route (See requirement 5).

Grade awarded for this statement: 2 - Weak

Number of requirements: 5

Number of recommendations: 1

Requirements

1. The service provider must improve the standard of decoration, soft furnishing and facilities in the home, to ensure that these are at an acceptable standard for resident use. The refurbishment plan requires to be reviewed with realistic timescales for achievement identified.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210). Regulation 10 (2)(c) (d) Fitness of premises.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment

Timescale for implementation: To be submitted by 19 January 2015.

2. The service provider must ensure that hot water is available within all bedrooms and bathrooms. All hot water in residents' areas of the care home must not exceed 43°C.

This is in order to comply with SSI 2011/210 Regulation 14 (b) facilities in care homes and SSI 2011/210 Regulation 10 - (1)(2)(c) Fitness of premises.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

Timescale for implementation: 7 days from the date of this report

3. The provider must ensure that non functioning electrical equipment is removed from use immediately and appropriate replacements sourced.

This is in order to comply with SSI 2011/210 Regulation 14 (b) facilities in care homes and SSI 2011/210 Regulation 10 - (1)(2)(c) Fitness of premises.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

Timescale for implementation: with immediate effect and ongoing thereafter.

4. To promote safety, comfort and dignity of the service users the provider must ensure that:

- * Standard of hygiene and cleanliness is improved and maintained
- * Infection control practice must be improved
- * An action plan should be developed to take account of all matters raised by environmental health following their visit on 1.12.2014

This is in order to comply with SSI 2011/210 Regulation 10 (1) A provider must not use premises for the provision of a care service unless they are fit to be so used, 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: with immediate effect and ongoing thereafter.

5. Fire Escape routes should be free from obstruction. External pathways, particularly from fire exits should be cleared and appropriately maintained.

This is in order to comply with SSI 2011/210 Regulation 10 (1) A provider must not use premises for the provision of a care service unless they are fit to be so used, 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: Immediate and ongoing thereafter.

Recommendations

1. The service provider should ensure that with regard to the paved areas around the home, the paving is level, to prevent residents from tripping, whilst using these areas.

National Care Standards, Care Homes for Older People - Standard 4: Your environment.

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

At this inspection there were some areas of strength, however, there were significant weaknesses that have resulted in the failure to achieve an adequate grade. During this inspection the grade awarded is 2 - Weak. This is due to the lack of cleanliness, maintenance and the need for ongoing refurbishment.

On a positive note all bedrooms within Cargenholm were single, many had en suite toilets. There was a range of equipment and seating to support people's needs. This included moving and assisting equipment, adjustable profiling beds that promote independence and comfort for people with some mobility impairment. There was a care call system in place for residents to summon support from staff when in their bedrooms.

We could see that residents had been supported to personalise their bedrooms.

There were a number of lounges. The large front facing lounge was pleasantly decorated and furnished to a good standard. On the second day of our inspection, the wood burner was lit making the room warm, welcoming and pleasant. Adjacent to this was a smaller room that the manager planned to use for a cafe. There was a further quiet lounge, smoking lounge and the popular main lounge beside the large recently refurbished dining room. The dining tables were nicely set with table covers and napkins. The menu was displayed for residents to consider. This is good practice.

There was assisted shower and bathing facilities.

There was a lift to access the second floor, however, due to low occupancy levels this floor was unoccupied at the time of our inspection. We did not inspect this area.

There was a garden area.

We spoke with some service users who commented positively on the care home environment. One person said that they had just got a nice new bed another noted the improvement to the dining room.

The regional manager was pleased with the environmental improvement achieved.

We discussed our concerns with the regional manager who agreed that the care home required improved maintenance arrangements. The regional manager agreed to respond to this matter.

Areas for improvement

We have repeated a requirement in statement 2.2 about the need to progress, as a matter of priority, a refurbishment plan for the service. Overall, furnishings, paint work and floor coverings were tired and in need of improvement. We note the flooring in the kitchen and assisted bathroom to be damaged. This has influenced the grade for this statement.

We have highlighted issues around poor standards of cleanliness in the kitchen and environment in general. The care home was odorous in places. The carpet in one of the lounges was stained. This should be cleaned. A requirement has been made in statement 2.2 about this issue. This has influenced the grade awarded for this statement.

There was no hot water in some areas of the care home. One service user told us that you could not get hot water in the care home until lunchtime. A requirement has been made in statement 2.2 about this issue. This has influenced the grade awarded for this statement.

The enamel on the assisted bath remains damaged and in need of repair. This should be included within the environmental improvement programme.

We observed service users bedrooms to be untidy and poorly presented. We observed one service users room to have the curtains hanging off of the curtain rail, the bed unmade and a bed table in their en suite toilet. This was at around 9pm when we were assured that morning it would be tidied up and properly presented. We entered another room and found the individuals discarded clothing all over the floor. We have made a requirement about staff practice in statement 3.3.

We have commented on an electric pressure relieving mattress that appeared to be broken. We found a large number of pillows had been damaged through laundering. We asked that they be replaced for the comfort of service users. We noted a lot of mismatched bedding. Some of the beds were unmade. We noted some stained divan beds. The provider should undertake a review of the beds and the quality of the pillows and bed linen. Any unfit for purpose should be discarded and replaced (See requirement 1).

The garden area was untidy creating an unpleasant outlook from some bedrooms. This should be improved (See requirement 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider should complete a review of all beds, mattresses and bedding to ensure that equipment in use is clean and in good condition. This is to promote the comfort and dignity of service users.

This is in order to comply with SSI 2011/210 Regulation 10 (1) A provider must not use premises for the provision of a care service unless they are fit to be so used, 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: to be completed by 31 December 2014.

2. The exterior of the care home should be improved. All damaged and unused equipment/materials should be discarded or appropriately stored. This will improve the outlook from service users bedrooms.

This is in order to comply with SSI 2011/210 Regulation 10 (1) A provider must not use premises for the provision of a care service unless they are fit to be so used, 4 (1)(a)

Timescale for implementation: to be completed by 28 February 2015.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

At the last inspection, the service received a grade of 3 - Adequate for this Quality Statement. This grade is maintained.

The strengths recorded under Quality Theme 1.1 are also relevant strengths for this Quality Theme.

Areas for improvement

The areas for improvements recorded under Quality Theme 1.1 are also relevant for this Quality Theme.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At the last inspection, the service received a grade of 2 - Weak for this Quality Statement. The grade remains a 2 - Weak.

The staff we met during the inspection were courteous and helpful. They appeared to be working hard to meet the needs of service users. Staff from the agency we met confirmed that they had good knowledge of the care home routines and residents within Cargenholm.

We checked the staffing for the two days of the inspection. The home was not running at full capacity, the staffing schedule was for 58 residents and the home

had 25 residents. We found that the provider had altered the staffing to reflect the reduction in occupancy.

At the last inspection we made a requirement following our observation of a mealtime.

The service provider must ensure that all staff employed within the service promote dignity and respect and behave in a professional manner towards residents at all times, and, in particular when carrying out assistance during meal times. They should ensure that all staff are aware of their professional codes of practice, which are intended to recognise and reflect existing good practice in all staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users - a requirement that a provider must make proper provision for the health and welfare of service users. And Regulation 15 (a) Staffing- a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

We observed a meal service and found it to be satisfactorily managed. This element of the requirement is met.

We found that staff had been provided with copies of the Scottish Social Services - Code of Conduct.

We noted in staff records that a themed supervision around dignity and respect had been completed in May 2014. Dignity and respect had also been discussed at a recent staff meeting. See areas of improvement for further comment regarding dignity and respect.

We looked at staff training records. They showed that a range of relevant training had been offered to variable numbers of staff within Cargenholm. This included health and safety related training including moving and handling, fire safety, first aid, infection control and food safety. Other training to meet the specific need of the service users included behaviour that may challenge, pressure ulcer awareness, adults with incapacity, confidentiality, common health conditions, an introduction to continence, dementia, dignity and respect and nutrition and hydration. Some training courses had associated questionnaires to confirm staff understanding of the subject matter. This is good practice. See areas of improvement below for further comment on staff training.

The provider had supplied comprehensive staff hand books to improve the induction process for new staff. The manager planned to get all staff to complete this process. It is anticipated that this will refresh staff knowledge of appropriate practice and the organisations expected standards.

The manager had notes from a recent staff meeting these highlighted that issues such as completion of topical application charts and the standard of hygiene and general tidiness of the environment had been raised with staff.

The service had stopped providing nursing care. We understand that this was due to recruitment difficulties. A recent staff meeting explored the role of the senior care worker as line managers to care staff. We have made further comment about this in the management and leadership statement within this report.

Areas for improvement

In response to the requirement noted above to promote dignity and respect we found examples where practice fell below our expected standards. This related to examples cited previously in this report, namely failing to respond, for a prolonged period, to a service user who was agitated and anxious, lack of regard for people's personal property and living environment, continuing to use a malfunctioning pressure relieving mattress and failing to change dirty bedding and replace damaged and distorted pillows.

We have also gave examples where best practice guidance was not being adhered to such as completing reviews within 6 monthly timeframe, nutritional assessments were not accurately completed, issues with medication administration and management of weight loss.

We have made appropriate requirements in previous statement of this report relating to these issues. This general requirement is also repeated (See requirement 1).

At the last inspection we made a requirement:

The Service Provider must ensure that suitable qualified staff are available at all times to attend to the support and care needs of individual service users. In order to ensure this, the service provider must review the current staffing in the home to ensure it is meeting the needs of the residents and contact the Care Inspectorate to revise the current staffing schedule for the care home.

This is in order to comply with SSI 2011/210 Regulation 15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the numbers and needs of service users- (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service user;

Timescale for implementation: Within 6 weeks of receipt of this report.

This requirement is repeated.

There had been significant staff turnover. There were a number of care assistants awaiting recruitment checks before joining the staff team. Agency care assistants were being used to fill gaps in the rota. The provider had requested that the same agency staff members be deployed to Cargenholm to facilitate continuity of care. There were vacancies for a deputy manager, a senior carer, an administration worker, a domestic, a catering assistant and a laundry assistant. The management was aware of the need to recruit staff to fill vacant posts in order to provide an adequate level of care and living environment for the residents living within Cargenholm.

A member of staff we spoke with discussed the demands of the morning routine and the challenge associated with attending to all the residents care needs by 11am. This highlighted the need to look at staff deployment and day-to-day routines and work practices. This may support staff to meet service users needs in a person centred way. The care home continues to operate significantly below maximum occupancy and the first floor of the service is out of use. The provider has yet to contact us to revise the staffing schedule for the care home. It is expected that when the new manager is more familiar with the routines and needs of the service users that this will be completed (See requirement 2).

The management, through discussion, demonstrated an awareness of the need to provide training to the staff team on dementia care in accordance with the "Framework for Excellence" dementia training programme. We heard the company's training had been mapped to the government training programme. It is expected that this training may improve staff engagement with service users and the management of behaviour that may be challenging. We identified a staff training need in relation to completing nutritional assessments and issues with medication management that may be resolved with additional training input. As mentioned number of new staff are expected to join the staff team at Cargenholm. A training needs analysis may be beneficial in facilitating the development of a training plan for the new year (See requirement 3).

We highlighted specific infection control practices that need to be addressed as a matter of priority (See requirement 4).

We looked at staff one to one supervision. It is important that staff have access to regular supervision sessions with their manager to facilitate discussion about concerns, practice, training and development needs. The manager had conducted one to one sessions with senior staff but this process had not yet been cascaded throughout the staff team. We found that the frequency of these needed to be improved. The manager had discussed the need for one to one supervision at a

recent staff meeting. It is expected when a full complement of staff is achieved that this will facilitate this process (See recommendation 1).

The manager advised that staff were in the process of registering with the SSSC and that an audit of this was needed to confirm the exact status (See recommendation 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 2

Requirements

1. The service provider must ensure that all staff employed within the service promote dignity and respect at all times. They should ensure that all staff are aware of their professional codes of practice, which are intended to recognise and reflect existing good practice in all staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users - a requirement that a provider must make proper provision for the health and welfare of service users and Provide service which respects privacy and dignity 4(b)

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

2. The Service Provider must ensure that suitable qualified staff are available at all times to attend to the support and care needs of individual service users. In order to ensure this, the service provider must review the current staffing in the home to ensure it is meeting the needs of the residents and contact the Care Inspectorate to revise the current staffing schedule for the care home.

This is in order to comply with SSI 2011/210 Regulation 15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the numbers and needs of service users - (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service user;

Timescale for implementation: Within 6 weeks of receipt of this report.

3. The provider must carry out a training needs analysis and put in place a training plan to ensure that all staff within the service have the appropriate knowledge, skills and values to meet the needs of and provide positive outcomes for service

users. The provider should formally evaluate the impact of staff training on their practice.

This is in order to comply with SSI 2011/210 Regulation 15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the numbers and needs of service users - (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service user;

Timescale for implementation: To be completed by 23 March 2015.

4. The provider must ensure that staff follow good practice in hygiene and infection control. The provider must ensure that appropriate training, monitoring and robust audit processes are implemented to promote a safe and pleasant living environment.

This is in order to comply with SSI 2011/210 Regulation 4. A provider must make proper provision for health and welfare of service users 4(a) and 4 (d) a requirement to have appropriate procedures for control of infection and the management of clinical waste.

Timescale for implementation: To commence immediately and be ongoing thereafter.

Recommendations

1. The provider should ensure that staff supervision takes place at the frequency stated in the provider policies and procedures.
National Care Standards, Care Homes for Older People - Standard 5: Management and staffing arrangements
2. The manager should complete the audit, as planned, to ensure that where necessary staff were registered or had submitted appropriate applications to the SSSC (Scottish Social Services Council)
National Care Standards, Care Homes for Older People - Standard 5: Management and staffing arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

At the last inspection, the service received a grade of 3 - Adequate for this Quality Statement. This grade is maintained.

The strengths recorded under Quality Theme 1.1 are also relevant strengths for this Quality Theme.

Areas for improvement

The areas for improvements recorded under Quality Theme 1.1 are also relevant for this Quality Theme.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

At the last inspection, the service received a grade of 2 - Weak for this Quality Statement. The grade remains a 2 - Weak.

The strengths identified in statement 1.1 are relevant to this statement.

We noted some quality assurance processes were in place. This included audits of care plans, medication and home audits by the regional manager.

The providers quality assurance system required the manager to send a monthly management report to headquarters. This included accidents/incidents, falls vacancies, wounds, diet issues, staff training and disciplinary action.

The manager had challenged practice issues at a recent staff meeting.

The regional manager visited the home regularly. This afforded the opportunity to discuss issues of concern with the service manager and offer support and guidance as part of this process. This supportive role is particularly important for the service manager who is new to managing a residential setting.

Areas for improvement

At the last inspection we made a requirement:

The service provider must demonstrate a commitment to ensuring service users experience good quality support and care by management and staff, whose professional training, expertise and remit, allows them to meet their needs. In order to achieve this, they must review the management structure within the home and consider the roles and responsibilities of the service manager and senior care staff within this.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users - a requirement that a provider must make proper provision for the health and welfare of service users.

Regulation 15 (a) Staffing - a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

Timescale for implementation: within 6 weeks of receipt of this report.

A new manager had been appointed in September 2014. There was a temporary deputy manager known to the service in place. There had also been a change in the staffing structure within the service. Registered nurses were no longer employed. The day-to-day shift management responsibilities had been passed to senior carers. The senior carers would benefit from ongoing support and mentorship to become fully established in this role.

As highlighted in the Quality Themes and Statements of this report, there were a number of areas of concern relating to care practice and the quality of the environment, which require an immediate management response. It is our view that the quality of management and leadership across all areas of the service must improve to effectively supervise, monitor and improve practice. There was a need to establish a full complement of staff and clear lines of accountability across all departments of the care home.

This requirement is unmet and is repeated (See requirement 1).

A proactive approach to quality assurance through observation and audit was required to ensure positive outcomes and a safe and pleasant living environment for service users of Cargenholm. The areas of concern highlighted in this report demonstrated that the present audit systems were not being used to good effect and had failed to identify poor standards and practice in the service in areas such as the quality of medication management and aspects of record keeping. It was particularly evident from the very poor standard of hygiene and cleanliness we identified in this inspection which were not highlighted and addressed through the current quality assurance systems. The management team demonstrated, through discussion, the need to improve the support and direction to the staff team and to closely monitor practice across all aspects of the service (See requirement 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The service provider must demonstrate a commitment to ensuring service users experience good quality support and care by management and staff, whose professional training, expertise and remit, allows them to meet their needs. In order to achieve this, they must review the management structure within the home and consider the roles and responsibilities of the service manager and senior care staff within this.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Regulation 4 (1) (a) Welfare of users - a requirement that a provider must make proper provision for the health and welfare of service users.

Regulation 15 (a) Staffing- a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

National Care Standards, Care Homes for Older People - Standard 5: Management and staffing

Timescale for implementation: within 6 weeks of receipt of this report.

2. The provider must support the manager to implement and maintain robust quality assurance processes to detect areas of non compliance and inform positive change.

This is to comply with Social Care and Social work Improvement Scotland (Requirement for Care Services) Regulation 2011 SSI 2011/210, Regulation 4 (1) (a)

provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation; immediately upon the publication of this report.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 2 - Weak	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Quality of Environment - 2 - Weak	
Statement 1	3 - Adequate
Statement 2	2 - Weak
Statement 3	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Quality of Management and Leadership - 2 - Weak	
Statement 1	3 - Adequate
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings
18 Jun 2014	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 2 - Weak Management and Leadership 2 - Weak
13 Feb 2014	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
6 Jun 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good

Inspection report continued

		Management and Leadership	4 - Good
4 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
14 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
28 Aug 2012	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 2 - Weak Not Assessed
23 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
17 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 5 - Very Good
29 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 4 - Good
22 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate Not Assessed

Inspection report continued

16 Sep 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
27 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
10 Feb 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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